

Electronic Filing System (EFS) Data
Electronic Patent Application Submission
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EFS ID: 18154
Application ID: 10065159
Title of Invention: METHODS AND SYSTEMS FOR
MANAGING CLINICAL RESEARCH
INFORMATION
First Named Inventor: John Tkaczyk
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2002-09-23
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: RD-28334
Digital Certificate Holder: cn=Michael Tersillo, ou=Registered Attorneys, ou=Patent and
Trademark Office, ou=Department of Commerce, o=U.S.
Government, c=US
Certificate Message Digest: oy9qOoyBDb05Eg6HKH7K6g==
Total Fees Authorized: \$1308.0
Payment Category: DA - Deposit Account
Deposit Account Number: 12384
Deposit Account Name: Michael Tersillo



TRANSMITTAL FORM

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Attorney Docket
Number:

RD-
28334

Submission Type: Utility Patent
Filing



METHODS AND SYSTEMS FOR MANAGING CLINICAL RESEARCH INFORMATION

First Named Inventor: John Eric Tkaczyk

SUBMITTED BY

Name:

Mr. Michael Tersillo

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Date Signed: 20020923

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I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration

POA1.tif

declaration

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us-information-disclosure-statement
bibd-transmittal
specification
patent-assignments
fee-transmittal

1276485ids.xml
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Attached Image File(s):

POA1.tif
POA2.tif

Comments:

DECLARATION AND POWER OF ATTORNEY

Attorney Docket No.
RD-28,334

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND SYSTEMS FOR MANAGING CLINICAL RESEARCH INFORMATION

the specification of which:

(check one) ☒ is attached hereto
☐ was filed on _____ as Application Serial No. _____
and was amended on _____.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim priority benefits under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112. I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

| Application Serial No. | Filing Date | Status (patented, pending, abandoned) |
|------------------------|-------------|---------------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I hereby claim the benefit under Title 35, United States Code §119(e) of any United States provisional application(s) listed below:

| Application Serial No. | Filing Date | Additional provisional application numbers are listed on a supplemental priority sheet attached hereto. |
|------------------------|-------------|---|
| _____ | _____ | _____ |

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

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DECLARATION AND POWER OF ATTORNEY

Attorney Docket No.
RD-28,334

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

SOLE OR FIRST INVENTOR:

Full Name: John Eric TkaczykSignature: *John Eric Tkaczyk*Date: Aug 27, 2002Residence: Delanson, NY 12053Citizenship: USAPost Office Address: 154 Barton Hill Rd., Delanson, NY 12053

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FOURTH JOINT INVENTOR, IF ANY:

Full Name: _____

Signature: _____

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Residence: _____

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FIFTH JOINT INVENTOR, IF ANY:

Full Name: _____

Signature: _____

Date: _____

Residence: _____

Citizenship: _____

FEE TRANSMITTAL

Electronic Version 1.1.0

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Patent fees are subject to annual revisions on or about October 1st of each year.

Large Entity

TOTAL FEES AUTHORIZED: \$ 1308

The commissioner is hereby authorized to charge indicated processing and/or publication fees and credit any overpayments to:

Deposit Account Number: 012384

Deposit Account Name: Armstrong Teasdale LLP



Charge Any Additional Fee Required Under 37 C.F.R. Sections 1.16 and 1.17.

Charge the Issue Fee Set in 37 C.F.R. Section 1.18 at the Mailing of the Notice of Allowance

Charge Assignment Fees Required Under 37 C.F.R. Section 1.21 (h).

SUBMITTED BY

Authorized Name: Michael Tersillo

Electronic Signature Mark: Michael Tersillo

Date Signed: 20020923

BASIC FILING FEE

| Fee Description | Fee Code | Fee Paid |
|--------------------|----------|----------|
| Utility Filing Fee | 101 | \$ 740 |

Subtotal For Basic Filing Fee: \$ 740

EXTRA CLAIM FEES

| | Fee Code | Fee | Extra Claims | Fee Paid |
|------------------|----------|-------|--------------|----------|
| Total Claims: 40 | 103 | \$ 18 | 20 | \$ 360 |

| | | | | |
|-----------------------|-----|-------|---|--------|
| Independent Claims: 5 | 102 | \$ 84 | 2 | \$ 168 |
|-----------------------|-----|-------|---|--------|

ADDITIONAL FEES

| Fee Description | Number | Quantity | Fee Code | Amount | Fee Paid |
|---|----------|----------|----------|--------|----------|
| Recording Each Patent Assignment Per Property Fee | 00000000 | 1 | 581 | \$ 40 | \$ 40 |

Subtotal For Additional Fees: \$ 40